

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: _____		2 Serial/Patent # <u>10/517597</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
		6 AMOUNT							
		<input checked="" type="checkbox"/> Filing	\$ <u>50</u>						
		<input type="checkbox"/> Amendment	\$						
		<input type="checkbox"/> Extension of Time	\$						
		<input type="checkbox"/> Notice of Appeal/Appeal	\$						
		<input type="checkbox"/> Petition	\$						
		<input type="checkbox"/> Issue	\$						
		<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$						
		<input type="checkbox"/> Maintenance	\$						
<input type="checkbox"/> Assignment	\$								
<input type="checkbox"/> Other	\$								
		7 TOTAL AMOUNT OF REFUND							
		\$ <u>50</u>							
		8 TO BE REFUNDED BY: <u>CC</u>							
10 REASON:		Treasury Check							
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
<input type="checkbox"/> No Fee Due (Explanation):									
REFUND COMPLETED PCT NATIONAL DIVISION									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>JAMALA Holland</u>		TITLE: <u>Paralegal</u>							
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>							
OFFICE: <u>PCT</u>		<u>X209</u>							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: